

EXHIBIT 2



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) King		First Name (Given Name) Kristen		Middle Initial A	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 350 Old Stanley Rd			Apt. Number N/A	City or Town Stanley		State VA
Zip Code 22851			Date of Birth (mm/dd/yyyy) [REDACTED]		U.S. Social Security Number [REDACTED]	Employee's E-mail Address king-kristen@aramark.com
Employee's Telephone Number [REDACTED]						

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ Some aliens may write "N/A" in the expiration date field. (See instructions) Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 1 Do Not Write In This Space </div>
1. Alien Registration Number/USCIS Number: _____	
OR	
2. Form I-94 Admission Number: _____	
OR	
3. Foreign Passport Number: _____	
Country of Issuance: _____	

Signature of Employee Kristen A King (e-sign - I Agree)	Today's Date (mm/dd/yyyy) 08/29/2017
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Preparer and/or Translator Certification (check one):

<input checked="" type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)
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I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
		Zip Code	



Employer Completes Next Page





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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) King	First Name (Given Name) Kristen	M.I. A	Citizenship/Immigration Status 1
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List A
Identity and Employment Authorization

OR

List B
Identity

AND

List C
Employment Authorization

	Document Title: Driver's License Issued by State or Possession with Photo Issuing Authority: Virginia Document #: T66749728 Expiration Date: 09/28/2020	Document Title: Social Security Account Number Card Without Employment Restriction Issuing Authority: Social Security Administration Social Security Number: [REDACTED] Expiration Date: N/A
	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 60%; height: 150px; margin-bottom: 10px;">Additional Information</div> <div style="border: 1px solid black; width: 35%; height: 100px; text-align: center; font-size: small;">QR Code - Sections 2 & 3 Do Not Write In This Space</div> </div>	

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 06/10/2006 (See instructions for exemptions)

Signature of Employer or Authorized Representative Kristen A King (e-sign - Login Id)		Today's Date (mm/dd/yyyy) 08/29/2017		Title of Employer or Authorized Representative Multi-service Management.Facilities.General Manager	
Last Name of Employer or Authorized Representative King		First Name of Employer or Authorized Representative Kristen		Employer's Business or Organization Name 300974000 Valley Health - Admin	
Employer's Business or Organization Address(Street Number and Name) 1840 Amherst Street ARAMARK			City or Town WINCHESTER		State VA
					Zip Code 22604

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any)(mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative